

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Rely on Your Beliefs Fund

ADDRESS (number and street)

209 Pennsylvania Avenue, SE

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00344648

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2008

through

07

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul Kilgore

Signature of Treasurer

Electronically Filed by Paul Kilgore

Date

02

27

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		218710.98
(b) Cash on Hand at Beginning of Reporting Period .....	176978.88	
(c) Total Receipts (from Line 19) .....	66810.16	439388.09
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	243789.04	658099.07
7. Total Disbursements (from Line 31) .....	93602.19	507912.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	150186.85	150186.85
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M M D D Y Y W Y  
0 7 0 1 2 0 0 8

To:

M M D D Y Y W Y  
0 7 3 1 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10300.00	26300.00
(i) Itemized (use Schedule A) .....	0.00	61.52
(ii) Unitemized .....	10300.00	26361.52
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	55000.00	401200.00
(c) Other Political Committees (such as PACs) .....	65300.00	427561.52
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1510.16	6826.57
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	66810.16	439388.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	66810.16	439388.09

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	30828.19	274370.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	30828.19	274370.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62774.00	228541.47
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	93602.19	507912.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	93602.19	507912.22

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	65300.00	427561.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	65300.00	427561.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30828.19	274370.75
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1510.16	6826.57
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	29318.03	267544.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

American Gas Association PAC

Mailing Address 400 N Capitol St NW

City

Washington

State

DC

Zip Code

20001-1511

FEC ID number of contributing  
federal political committee.

**C** C00007450

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80731.C816

Amount of Each Receipt this Period

1500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

AT&T Federal PAC

Mailing Address 1401 I St NW  
Suite 1100

City

Washington

State

DC

Zip Code

20005-2296

FEC ID number of contributing  
federal political committee.

**C** C00109017

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80731.C826

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Consumer Electronics Association PAC

Mailing Address 1919 S Eads St

City

Arlington

State

VA

Zip Code

22202-3028

FEC ID number of contributing  
federal political committee.

**C** C00375048

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80731.C824

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

11500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Eli Lilly and Co. PAC

Mailing Address 555 12th St NW  
Suite 650

City State Zip Code  
Washington DC 20004-1209

FEC ID number of contributing  
federal political committee.

**C** C00082792

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80731.C820

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Ford Motor Company Civic Action Fund

Mailing Address The American Road

City State Zip Code  
Dearborn MI 48121

FEC ID number of contributing  
federal political committee.

**C** C00046474

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 8

Transaction ID: 80731.C813

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Kochpac

Mailing Address 655 15th St NW  
Suite 445

City State Zip Code  
Washington DC 20005-5727

FEC ID number of contributing  
federal political committee.

**C** C00236489

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 8

Transaction ID: 80731.C811

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Magazine Publishers of America PAC

Mailing Address 1211 Connecticut Ave NW Ste 610

City State Zip Code  
Washington DC 20036-2705

FEC ID number of contributing  
federal political committee. **C** C00035774

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80731.C818

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
National Cable & Telecommunications PAC

Mailing Address 25 Massachusetts Ave NW Ste 100

City State Zip Code  
Washington DC 20001-1434

FEC ID number of contributing  
federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80731.C829

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
National Propane Gas Association PAC

Mailing Address 1150 17th St NW  
Suite 310

City State Zip Code  
Washington DC 20036-4623

FEC ID number of contributing  
federal political committee. **C** C00079681

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 8 / 2 0 0 8

Transaction ID: 80731.C812

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Qwest PAC

Mailing Address 607 14th St NW Ste 950  
Suite 950

City State Zip Code  
Washington DC 20005-2030

FEC ID number of contributing  
federal political committee.

**C** C00237156

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 28 2008

Transaction ID: 80731.C817

Amount of Each Receipt this Period

2500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

UBS Americas PAC

Mailing Address 1501 K St NW  
Suite 1100

City State Zip Code  
Washington DC 20005-1410

FEC ID number of contributing  
federal political committee.

**C** C00012245

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 18 2008

Transaction ID: 80731.C810

Amount of Each Receipt this Period

5000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Valero PAC

Mailing Address 601 Pennsylvania Ave NW  
Suite 900 South Building

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C** C00109546

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 18 2008

Transaction ID: 80731.C814

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Verizon Communications Good Govt Club

Mailing Address 1300 I St NW  
Suite 400

City State Zip Code  
Washington DC 20005-3314

FEC ID number of contributing  
federal political committee. **C** C00186288

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 8

Transaction ID: 80731.C815

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Viacom International PAC

Mailing Address 1501 M St NW Ste 1100

City State Zip Code  
Washington DC 20005-1729

FEC ID number of contributing  
federal political committee. **C** C00167759

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80731.C825

Amount of Each Receipt this Period

2500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

55000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Janet Berman

Mailing Address 3055 Whitehaven St NW

City

Washington

State

DC

Zip Code

20008-3613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80731.C819

Amount of Each Receipt this Period

2300.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

William Gates

Mailing Address 1 Microsoft Way

City

Redmond

State

WA

Zip Code

98052-6399

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Microsoft

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80731.C823

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Robert Hugin

Mailing Address 19 Essex Rd

City

Summit

State

NJ

Zip Code

07901-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Celgene Corporation

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80731.C821

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

8300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Art Lifson

Mailing Address 1155 21st St NW Ste 340  
Suite 340

City State Zip Code  
Washington DC 20036-3308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Art Lifson Consulting

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80731.C822

Amount of Each Receipt this Period

2000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

10300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

American Leadership Council

Mailing Address PO Box 317

City

Birmingham

State

MI

Zip Code

48012-0317

FEC ID number of contributing  
federal political committee.

**C** C00352757

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80731.C828

Amount of Each Receipt this Period

735.00

Offsets to Operating Expe-  
nditu

NOTE: Airfare Reimbursement

**B.**

Full Name (Last, First, Middle Initial)

Friends of Erik Paulsen

Mailing Address PO Box 44369

City

Eden Prairie

State

MN

Zip Code

55344-1369

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.16

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 8 / 2 0 0 8

Transaction ID: 80731.C827

Amount of Each Receipt this Period

775.16

Offsets to Operating Expe-  
nditu

NOTE: Airfare Reimbursement

**SUBTOTAL** of Receipts This Page (optional) .....

1510.16

**TOTAL** This Period (last page this line number only) .....

1510.16

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Comcast Mailing Address PO Box 3005	<b>Transaction ID:</b> 80731.E1448 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 8</div> </div>
City Southeastern State PA Zip Code 19398-3005 Purpose of Disbursement PAC Internet Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>46.38</div> <b>PAC INTERNET EXPENSE</b>
<b>B.</b> Full Name (Last, First, Middle Initial) UPS Mailing Address PO Box 72470244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement PAC Shipping Expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80731.E1454 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>115.10</div> <b>PAC SHIPPING EXPENSE</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Visa Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement Credit Card Charges: See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 80731.E1455 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>4312.40</div> <b>CREDIT CARD CHARGES: SEE BELOW</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**4473.88**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Washington Post

Mailing Address 1150 15th St NW

City Washington State DC Zip Code 20071-0001

Purpose of Disbursement  
PAC Subscription

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80731.E1460

Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

30.46

**[MEMO ITEM]**

MEMO: PAC SUBSCRIPTION

**B.**

Full Name (Last, First, Middle Initial)

Washington Courier

Mailing Address 5520 Cherokee Ave  
Suite 120

City Alexandria State VA Zip Code 22312-2319

Purpose of Disbursement  
PAC Courier Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80731.E1458

Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

23.79

**[MEMO ITEM]**

MEMO: PAC COURIER EXPENSE

**C.**

Full Name (Last, First, Middle Initial)

Bistro Bis

Mailing Address 15 E St NW

City Washington State DC Zip Code 20001-1501

Purpose of Disbursement  
PAC Fundraising Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80731.E1461

Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

940.63

**[MEMO ITEM]**

MEMO: PAC FUNDRAISING EXP-  
ENSE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Johnnys Half Shell

Mailing Address 400 N Capitol St NW

City Washington State DC Zip Code 20001-1511

Purpose of Disbursement  
PAC Event Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80731.E1459

Date of Disbursement

/   /

Amount of Each Disbursement this Period

326.40

**[MEMO ITEM]**

MEMO: PAC EVENT CATERING

**B.**

Full Name (Last, First, Middle Initial)  
Northwest Airlines

Mailing Address 5101 Northwest Drive

City Saint Paul State MN Zip Code 55121-

Purpose of Disbursement  
PAC Airfare Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80731.E1456

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2889.97

**[MEMO ITEM]**

MEMO: PAC AIRFARE EXPENSE

**C.**

Full Name (Last, First, Middle Initial)  
Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement  
Credit Card Charges: See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80731.E1462

Date of Disbursement

/   /

Amount of Each Disbursement this Period

737.16

CREDIT CARD CHARGES: SEE  
BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

737.16

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund**A.**

Full Name (Last, First, Middle Initial)

Westin Hotels

Mailing Address 13340 Dallas Pkwy

City  
DallasState  
TXZip Code  
75240-6603Purpose of Disbursement  
PAC Trave Expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80731.E1463

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	0	8

Amount of Each Disbursement this Period

312.12

**[MEMO ITEM]**

MEMO: PAC TRAVE EXPENSE

**B.**

Full Name (Last, First, Middle Initial)

Charlie Palmer Steakhouse

Mailing Address 101 Constitution Ave NW

City  
WashingtonState  
DCZip Code  
20001-2133Purpose of Disbursement  
PAC Fundraising Catering

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80731.E1464

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	0	8

Amount of Each Disbursement this Period

425.04

**[MEMO ITEM]**MEMO: PAC FUNDRAISING CAT-  
ERING**C.**

Full Name (Last, First, Middle Initial)

Visa

Mailing Address PO Box 77042

City  
MadisonState  
WIZip Code  
53707-1042Purpose of Disbursement  
Credit Card Charges: See Below

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80731.E1465

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	0	8

Amount of Each Disbursement this Period

505.89

CREDIT CARD CHARGES: SEE  
BELOW

SUBTOTAL of Disbursements This Page (optional) .....

505.89

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)

Westin Hotels

Mailing Address 13340 Dallas Pkwy

City Dallas State TX Zip Code 75240-6603

Purpose of Disbursement  
PAC Travel Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80731.E1466

Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

329.46

**[MEMO ITEM]**

MEMO: PAC TRAVEL EXPENSE

**B.**

Full Name (Last, First, Middle Initial)

McKenna Long & Aldridge

Mailing Address 303 Peachtree St NE  
Suite 5300

City Atlanta State GA Zip Code 30308-3265

Purpose of Disbursement  
PAC Legal Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80731.E1450

Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

7500.00

PAC LEGAL SERVICES

**C.**

Full Name (Last, First, Middle Initial)

Thompson Communications

Mailing Address P.O. Box 5

City Marshfield State MO Zip Code 65706-0005

Purpose of Disbursement  
PAC Salaries

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80731.E1449

Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

13559.59

PAC SALARIES

**SUBTOTAL** of Disbursements This Page (optional) .....

21059.59

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Roll Call

Mailing Address 50 F St NW Ste 700

City Washington State DC Zip Code 20001-1530

Purpose of Disbursement  
PAC Subscription

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80731.E1468

Date of Disbursement

/   /

Amount of Each Disbursement this Period

455.00

PAC SUBSCRIPTION

**B.**

Full Name (Last, First, Middle Initial)  
Keri Ann Hayes

Mailing Address 202 11th St NE

City Washington State DC Zip Code 20002-6218

Purpose of Disbursement  
See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80731.E1452

Date of Disbursement

/   /

Amount of Each Disbursement this Period

115.62

SEE BELOW

**C.**

Full Name (Last, First, Middle Initial)  
Verizon Wireless

Mailing Address PO Box 19769

City Irvine State CA Zip Code 92623-9769

Purpose of Disbursement  
PAC Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80731.E1453

Date of Disbursement

/   /

Amount of Each Disbursement this Period

115.62

**[MEMO ITEM]**

MEMO: PAC TELEPHONE

**SUBTOTAL** of Disbursements This Page (optional) .....

570.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Keri Ann Hayes	<b>Transaction ID:</b> 80731.E1472 <b>Date of Disbursement</b>																				
Mailing Address 202 11th St NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	8		2	0	0	8												
City Washington State DC Zip Code 20002-6218	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement for Travel Candidate Name	<table border="1"> <tr> <td>358.55</td> </tr> </table>	358.55																			
358.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
REIMBURSEMENT FOR TRAVEL																					
<b>B.</b> Full Name (Last, First, Middle Initial) Jay Perron	<b>Transaction ID:</b> 80731.E1451 <b>Date of Disbursement</b>																				
Mailing Address 1441 Constitution Ave NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	8		2	0	0	8												
City Washington State DC Zip Code 20002-6421	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Travel Expense Candidate Name	<table border="1"> <tr> <td>100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
PAC TRAVEL EXPENSE																					
<b>C.</b> Full Name (Last, First, Middle Initial) Professional Data Services, Inc.	<b>Transaction ID:</b> 80731.E1471 <b>Date of Disbursement</b>																				
Mailing Address 337 S Milledge Ave Ste 101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	8		2	0	0	8												
City Athens State GA Zip Code 30605-1083	Amount of Each Disbursement this Period																				
Purpose of Disbursement Compliance Consulting Candidate Name	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
COMPLIANCE CONSULTING																					

**SUBTOTAL** of Disbursements This Page (optional) .....

1958.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City  
Washington

State  
DC

Zip Code  
20003-1107

Purpose of Disbursement  
PAC Office Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 80731.E1469

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1425.50

PAC OFFICE RENT

SUBTOTAL of Disbursements This Page (optional) .....

1425.50

TOTAL This Period (last page this line number only) .....

30731.19

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
 Porter for Congress

Mailing Address PO Box 26087

City Las Vegas State NV Zip Code 89126-0087

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name  
 JON C PORTER, SR

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NV District: 03

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
 Type

Transaction ID: 80805.E1477

Date of Disbursement

/   /

Amount of Each Disbursement this Period

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 Goodlatte Blunt Joint Fundraising Comm

Mailing Address PO Box 3404

City Alexandria State VA Zip Code 22302-0404

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
 Type

Transaction ID: 80805.E1473

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
 KS02 Nominee Fund

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
 Type

Transaction ID: 80805.E1479

Date of Disbursement

/   /

Amount of Each Disbursement this Period

CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
 Lance for Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067-0225

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name  
 LEONARD LANCE

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 12

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 80805.E1475

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4774.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
 Lee for Congress

Mailing Address PO Box 15395

City Rochester State NY Zip Code 14615-0395

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name  
 CHRISTOPHER J LEE

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 26

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80805.E1476

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
 Friends of Cynthia Lummis

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
 CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80805.E1480

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

14774.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Rely on Your Beliefs Fund

**A.**

Full Name (Last, First, Middle Initial)  
Missouri 09 Nominee Fund

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80805.E1478

Date of Disbursement

/   /

Amount of Each Disbursement this Period

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
ROMP II 2008

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 80805.E1474

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**28000.00**

**TOTAL** This Period (last page this line number only) .....

**62774.00**



Image# 29991322195

Form/Schedule: **F3XA**

Transaction ID:

The Wyoming-AL Fund was the original name of the committee before a candidate was chosen. The committee became Friends of Cynthia Lummis and this report reflects the change. ROMP II 2008 is a federal committee, C00452359.

\*\*\*\*\*